

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	ADAPTABLE RESOURCE MODEL
Attorney Docket Number::	242501US2
Total Drawing Sheets::	5

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	CANADA
Status::	FULL CAPACITY
Given Name::	CHRISTOPHER
Family Name::	DEAN
City of Residence::	OTTAWA
State or Province of Residence::	ONTARIO
Country of Residence::	CANADA
Street of Mailing Address::	29 Kings Landing Priv.
City of Mailing Address::	OTTAWA
State or Province of Mailing Address::	ONTARIO
Country of Mailing Address::	CANADA
Postal or Zip Code of Mailing Address::	K1S5P8

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	CANADA
Status::	FULL CAPACITY
Given Name::	STEPHEN
Family Name::	MASON
City of Residence::	GLOUCESTER
State or Province of Residence::	ONTARIO
Country of Residence::	CANADA
Street of Mailing Address::	4134 Wolfe Point Way
City of Mailing Address::	GLOUCESTER
State or Province of Mailing Address::	ONTARIO
Country of Mailing Address::	CANADA
Postal or Zip Code of Mailing Address::	K1V1P4

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given Name:: CYRIL
Family Name:: SOGA
City of Residence:: ORLEANS
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of Mailing Address:: 1851 Des Epinettes Ave.
City of Mailing Address:: ORLEANS
State or Province of Mailing Address:: ONTARIO
Country of Mailing Address:: CANADA
Postal or Zip Code of Mailing Address:: K1C6N2

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given Name:: JULIEN
Family Name:: BRAINERD
City of Residence:: NEPEAN
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of Mailing Address:: 16 Oakwood Ave.
City of Mailing Address:: NEPEAN
State or Province of Mailing Address:: ONTARIO
Country of Mailing Address:: CANADA
Postal or Zip Code of Mailing Address:: K2E6A5

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	CANADA/FRANCE
Status::	FULL CAPACITY
Given Name::	ALAIN
Family Name::	LEMOINE
City of Residence::	OTTAWA
State or Province of Residence::	ONTARIO
Country of Residence::	CANADA
Street of Mailing Address::	364 Verdon Private
City of Mailing Address::	OTTAWA
State or Province of Mailing Address::	ONTARIO
Country of Mailing Address::	CANADA
Postal or Zip Code of Mailing Address::	K1T3A2
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	CANADA
Status::	FULL CAPACITY
Given Name::	ED
Family Name::	MACIVER
City of Residence::	GLOUCESTER
State or Province of Residence::	ONTARIO
Country of Residence::	CANADA
Street of Mailing Address::	1893 Greenacre Crescent
City of Mailing Address::	GLOUCESTER
State or Province of Mailing Address::	ONTARIO
Country of Mailing Address::	CANADA
Postal or Zip Code of Mailing Address::	K1J6S7

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: UKRAINE
Status:: FULL CAPACITY
Given Name:: DMYTRO
Family Name:: TOPTYGIN
City of Residence:: OTTAWA
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of Mailing Address:: 4 McPeake Pl
City of Mailing Address:: OTTAWA
State or Province of Mailing Address:: ONTARIO
Country of Mailing Address:: CANADA
Postal or Zip Code of Mailing Address:: K2K3K4

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given Name:: DAVID
Family Name:: CULLERIER
City of Residence:: OTTAWA
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of Mailing Address:: c/o EFTIA OSS SOLUTIONS INC, 150
Isabella St., Suite 900
City of Mailing Address:: OTTAWA
State or Province of Mailing Address:: ONTARIO
Country of Mailing Address:: CANADA
Postal or Zip Code of Mailing Address:: K1S1V7

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	119(e) of	60/408,289	09/06/02

ASSIGNMENT INFORMATION

Assignee Name::	EFTIA OSS SOLUTIONS INC.
Street of Mailing Address::	150 Isabella Street, Suite 900
City of Mailing Address::	Ottawa
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	K1S 1V7